

PART B - FEE(S) TRANSMITTAL

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02/23/2010

KNOBBE MARTENS OLSON & BEAR LLP
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 IRVINE, CA 92614

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/796,298	03/09/2004	Masato Mitsubishi	HITACHI.055CP2	9108

TITLE OF INVENTION: DEVICE AND METHOD FOR HIGH-THROUGHPUT QUANTIFICATION OF mRNA FROM WHOLE BLOOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	05/24/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
LU, FRANK WEI MIN	1634	435-091510

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.36).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Knobbe Martens
Olson & Bear LLC

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (prior to type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Hitachi Chemical Co., Ltd.

Hitachi Chemical Research Center, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Tokyo, Japan

Irvine, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee

Publication Fee (No small entity discount permitted)

Advance Order - # of Copies

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed.

Payment by credit card. Form PTO-2018 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

May 12, 2010

'typed or printed name

Jason Gersting

Registration No.

65,890

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